

# City of Perry Leisure Services Department Registration Form

PLEASE PRINT

Child's Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Gender M / F Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_

Shirt Size: yxs, ys, ym, yl, as, am, al, axl Short Size: yxs, ys, ym, yl, as, am, al, axl

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Person other than parent for emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical condition that we may need to be aware of \_\_\_\_\_

**Athletics:** Select by initialing one of the three options listed below:

1) \_\_\_\_\_ **DID NOT PARTICIPATE LAST YEAR**-with Perry Leisure Services (PLS). I understand I may list a request (which is **NOT** guaranteed) for a specific team (name) \_\_\_\_\_ and/or a specific coach (name) \_\_\_\_\_. I further understand that requests are **NOT guaranteed** and the participant is required to be at evaluations listed on the Important Date Sheet.

2) \_\_\_\_\_ **WANTS TO RETURN TO SAME TEAM FROM LAST YEAR**-age group \_\_\_\_\_ with team (name) \_\_\_\_\_ with coach (name) \_\_\_\_\_. (however if the coach/team is not here participant will be placed on a team)

3) \_\_\_\_\_ **DOES NOT WANT TO RETURN TO SAME TEAM FROM LAST YEAR**-age group \_\_\_\_\_ with team (name) \_\_\_\_\_ coach (name) \_\_\_\_\_. I understand I may list a request (which is **NOT guaranteed**) for a specific team (name) \_\_\_\_\_ and specific coach (name) \_\_\_\_\_. I further understand that requests are **NOT guaranteed**, and the participant is required to be at evaluations listed on the Important Date Sheet.

I acknowledge that the Leisure Service Department does not carry insurance on participants in any programs. Being aware of this situation I acknowledge that participation in any activity involves a certain degree of risk or injury. I hereby release and hold harmless the Leisure Service Department, their Board of Directors, employees, coaches, instructors, officials and volunteers from any and all liability arising out of any injuries suffered by the above said participant during this activity. I give my permission for my child to be taken to the nearest emergency room in the event of an injury. I further agree to abide by the policies and procedures of this department. **The City reserves the right to cancel any and all programs. If program is cancelled due to lack of participation and/or funding issues the full amount of the fee will be returned. ALL refunds will be mailed to the address listed above.** **PHOTO RELEASE:** Furthermore, I give permission to have photos and /or video recordings taken of me for publicity purposes during Perry Leisure Services (PLS) activities. I hereby grant and convey unto PLS all rights, titles and interest in any and all photographic images and video or audio recordings made by PLS during my Participant activities with PLS.

Are you interested in volunteering if needed? NO or Head coach, Assistant coach, Team parent, Other

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

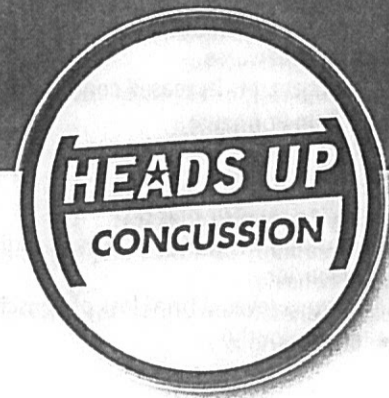
## OFFICE USE ONLY:

Program \_\_\_\_\_ Fee paid \_\_\_\_\_ Receipt # \_\_\_\_\_ District \_\_\_\_\_ Age Control \_\_\_\_ League \_\_\_\_\_

If more than **one participant attached to a receipt list names & age** \_\_\_\_\_

**LOOK UP:** Birth Certificate \_\_\_\_\_ Did they participate last year? \_\_\_\_\_ If yes what team name? \_\_\_\_\_

## PARENT & ATHLETE CONCUSSION INFORMATION SHEET



### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

### DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

### SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



Where Georgia comes together.  
Leisure Services Department



**"IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON"**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

Copy in parent packet review with child

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

# HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Perry Leisure Service Policies

**Parent Print** Name \_\_\_\_\_

Print Child's Name \_\_\_\_\_ Child's Age \_\_\_\_\_

## Parent's Code of Ethics

To encourage a healthier, enjoyable and more positive environment for the entire community of Perry GA a Zero Tolerance Policy has been established.

The goal of this policy is not only to **promote sportsmanship** but also to encourage **positive and effective communication** between the Perry Leisure Service, Coaches/Volunteers, Players, Umpires/Referees/Officials and Parents. This policy is in affect at ALL City of Perry Leisure Service events and locations. This includes events held out of the city limits.

Coaches/Volunteers, Family Members and Spectators that demonstrate behavior that is detrimental to any program may be suspended (removed) from that respective program. Detrimental behavior is defined as **PHYSICAL and/or VERBAL** abuse towards any participant, parent, coach, staff member, or Umpire/Referee/Official at any time. **Any profanity and/or physical contact at any time are cause for ejection and suspension.** ANYONE ejected from a game will **NOT be** allowed to participate/be present in/at the next game (if the ejection is in the last game of the season the suspension will carry over to the next participating sport). Any violations/ejections/suspensions as determined by Perry Leisure Service will result in immediate removal from the premises. Violators may be on probation for a day to a year from the date of the incident, not limited to being band from the program.

**I hereby pledge to provide support, care, encouragement and sportsmanship for all players, coaches, staff, and Umpire/Referee/Official at every game, practice or other events. I will promise to be a respectful fan and remember that the game is for the CHILDREN and not the adults. I will refrain from all detrimental behavior as described above.**

I have read the Perry Leisure Service Department "ZERO TOLERANCE" policy, and will do everything in my power to implement and abide by these rules at all times. As a family member/spectator, I agree that my violation (as determined solely by the Perry Leisure Service Department) may lead to action up to, and including, expulsion, without the right to an appeal.

## Registration Refund Policy

**I have received a copy of the Important Date Sheet, the Rules/Regulation Packet and a Heads Up Concussion Sheet. I understand everything in the packet will be reviewed at the Mandatory parent meeting. I further understand and acknowledge it is my responsibility to know the information and dates given to me on/in the Important Date Sheet, Rules/Regulation Packet and the Heads Up Concussion Sheet.**

**I acknowledge that issuance of equipment and assume responsibility to see that this equipment is returned at the end of the program.**

### **PHOTO RELEASE**

**Furthermore, I give permission to have photos and /or video recordings taken of me for publicity purposes during Perry Leisure Services (PLS) activities. I hereby grant and convey unto PLS all rights, titles and interest in any and all photographic images and video or audio recordings made by PLS during my Participant activities with PLS.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-to-person contact and high contact surfaces. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups and people.

**The City of Perry, Georgia** ("City") has put in place preventative measures to mitigate the spread of COVID-19; however, the City **cannot guarantee** that anyone you are legally responsible for or yourself will not become infected with COVID-19 by participating in a City sponsored activity or utilization of a City facility. Further, attending City sponsored activities could potentially increase risk of contracting COVID-19.

By signing this release, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that those I am legally responsible for and myself may be exposed to or infected with COVID-19 by attending City activities or utilization of City facilities and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected with COVID-19 at City activities and utilization of City facilities may result from the actions, omissions, or negligence of myself and others, including but not limited to City employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to those I am legally responsible for and myself, including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or the party I am responsible for may experience or incur in connection with mine or his/her participation in City activities or utilization of City facilities. On my behalf and on behalf of those I am legally responsible for, I hereby release, covenant not to sue, discharge, and hold harmless and indemnify the City, its employees, agents, and representatives, of and from any and all claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the City, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any City activity or utilization of a City facility.

I further agree to take all steps necessary to comply with the Executive and Emergency Orders issued by the World Health Organization, the Federal Government, the State of Georgia, and the City. I acknowledge that I and/or the party I am responsible for will practice the recommended guidelines, including but not limited to, social distancing of 6 feet or more, wearing a mask and/or gloves, and disinfecting and sanitizing hands.

**I HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL PROVISIONS OF THIS RELEASE, AND FREELY AND KNOWINGLY ASSUME THE RISK AND WAIVE MY RIGHTS CONCERNING LIABILITY AS DESCRIBED ABOVE:**

Name of Minor (printed): \_\_\_\_\_

I am the parent or legal guardian of the minor named above. I have the legal right to consent to and, by signing below, I hereby consent to the terms and conditions of the release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (printed): \_\_\_\_\_